

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Full Name: _____
Job Title: _____
Department: _____
Email Address: _____
Phone Number: _____
Supervisor's Name: _____

Reimbursement Details:

Category: Accommodation Travel Meals Supplies Others: _____
Date of Expense: _____, 20____
Description of Expense: _____
Reason for Expense: _____
Amount Requested: \$ _____

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Receipts & Documentation:

Please attach all necessary receipts and supporting documentation for the expenses being claimed. Ensure that all receipts are clear and legible. Failure to provide the required documentation may result in a delay or denial of reimbursement.

Declaration:

I, _____ (Employee Name), certify that the information provided on this form is true and accurate to the best of my knowledge, and that the expenses claimed were incurred in the performance of my job duties. I understand that any false or misleading information may result in disciplinary action, up to and including termination of employment.



Employee Signature: _____ Date: _____, 20____

Approval:

Supervisor's Name: _____

Supervisor's Signature: _____ Date: _____, 20____

For Finance Department Use Only:

Approved: Yes No

Amount Approved: \$ _____

Reimbursement Date: _____, 20____

Finance Department Signature: _____ Date: _____, 20____

